



TRAINEE REGISTRATION FORM

1. Name of Supervising Appraiser			2. Iowa Certificate Number		
3a. Business Name			4. Phone Number		
3b. Business Address			5. Fax Number		
3c. City	State	Zip Code			
6. Date of Certification		7. Total Years Experience		8. Other State(s) Licensed	
9. Have you ever been subject to disciplinary action by any state Board or similar licensing body, a governmental agency before which you practiced, or any professional organization of which you are a member? Circle one of the following: No Yes (attach supporting documents)					
10. Purpose of this application (circle choice(s) below) Submit current report Add new trainee(s) Remove existing trainee(s)					
SECTION 1 – CURRENT TRAINEES REGISTERED WITH THE IOWA BOARD					
Trainee's/Associate's Name		License Number		Start Date	
SECTION 2 – NEW TRAINEES					
List below all new trainees you will begin supervising					
Trainee's/Associate's Name		License Number		Start Date	
SECTION 3 – FORMER TRAINEES					
List below all trainees you are no longer supervising					
Trainee's/Associate's Name		License Number		Start Date	
				End Date	
SECTION 4 - VERIFICATION					
In accordance with Iowa Administrative Rule 193F, Chapter 15 (Supervisor Responsibilities), I understand the following:					
a. I will be responsible for the training and direct supervision of the associate appraiser by accepting full responsibility for the appraisal report by signing and certifying that the report is in compliance with USPAP.					
b. I will keep copies of associate appraiser reports for a period of at least five years or at least two years after final disposition of any judicial proceeding in which testimony was given, whichever period expires last.					
Signature			Date Signed		

Return this form by mail using the address above, or fax to 515.281.7411